

***A COMPETENCY BASED TRAINING
GUIDED LINES***

***FOR
CLINICAL AND PRACTICAL
PROCEDURES AND PROCESSES***

Introduction:

Competency-Based Training (CBT) is learning by doing. It focuses on the specific knowledge, attitudes and skills needed to carry out a clinical procedure or activity safely, efficiently, and on a standardized fashion. CBT emphasize the three domains of training namely psychomotor, cognitive, and affective domains, with special attention to the psychomotor (skill) domain i.e., a combination of knowledge, attitudes and, most important, skills are emphasized rather than just what information the participant has acquired. Moreover, CBT requires that the clinical trainer facilitate, monitor, coach, and encourage learning rather than serve in the more traditional role of instructor or lecturer. Competency in the new skill or activity is assessed objectively by evaluating overall performance and comparing it with specially designed measurable instruments that reflect the ideal, correct, safe, and scientifically sound performance. This instruments

For CBT to occur, the clinical skill or activity to be taught first must be broken down into its essential steps. Each step is then analyzed to determine the most efficient and safe way to perform and learn it. This process is called **standardization**. Once a procedure has been standardized, competency based skill development and assessment instruments can be designed. These instruments make learning the necessary steps or tasks easier and evaluating the participant's performance more objective.

An essential component of CBT is **coaching** which uses positive feedback, active listening, questioning and problem-solving skills to encourage a positive learning climate. To use coaching, the trainer explains and demonstrates the procedure and then observes the learner as he performs the procedure. The trainer/coach provides guidance, monitors progress in learning and helps the learner overcome problems.

The use of more humane (**humanistic**) training techniques also contributes to better clinical training. A major component of humanistic training is the use of anatomic models, which closely simulate the human body, and other learning aids such as videos. The effective use of models facilitates learning, shortens training time and minimizes risks to clients. For example, by using anatomic models initially, participants more easily reach the performance levels of skill competency and beginning skill proficiency before they begin working in the clinic setting with clients.

The measurable instruments that reflect the ideal, correct, safe, and scientifically sound performance.

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SESSION PLANS

BLG 1. INFECTION PREVENTION

COMPETENCY BASED TRAINING (CBT)

Objective:

1. Perform routine hand wash
2. Perform antiseptic hand wash
3. Perform surgical hand wash
4. Wear sterile gloves

Teaching Method: Demonstration/re-demonstration

- * The trainer gives instructions to trainees to follow his performance by using the BLG while he is examining clients/patients.
- * Trainer perform infection prevention tasks with explanation to participants
- * Trainer breaks up participants to groups each of two. One perform infection prevention tasks while the other evaluate his performance by using the BLG while the trainer watches the performance and record any mistakes, then they exchange their positions.
- * Trainer reviews the BLGs of the participants, and gives them feedback about their performance.

Resources/Materials:

- * Basic Learning Guide for Infection Prevention
- * Basic equipments and supplies for Infection Prevention.
- * Data show OR Overhead Projector and screen.
- * Flipchart/Markers.

EVALUATION CHECKLIST FOR INFECTION PREVENTION

(To be used by trainers and trainees)

Rate the performance of each step or task observed using the following rating scale:

1. **Needs Improvement:** Step or task not performed correctly or out of Sequence or is omitted
2. **Competently Performed:** Step or task performed correctly in proper sequence but participant does not progress from step to Step efficiently
3. **Proficiently Performed:** Step or task efficiently and precisely performed in the proper sequence

Participant Name: - - - - -

ROUTINE HAND WASHING

Task/Skill	Trainer's Response	Trainee's Response
1. Getting Ready.		
1.1. Ensure the availability of: <ul style="list-style-type: none">- Running water (preferably warm water)- Plain soap- Clean single use towel		
2. Routine hand washing steps		
2.1. Remove all jewelry.		
2.2. Turn on tap with elbow or hands		
2.3. Wet hands with running water that is as warm as tolerable.		
2.4. Apply soap agent and thoroughly distribute over hands. Make sure to rub all parts of your hand		
2.5. Rub fingers together back and forth for 15-30 seconds		
2.6. Wash area around the nails and remove debris under the fingernails		

Task/Skill	Trainer's Response	Trainee's Response
2.7. Rub all parts of the hands		
2.8. Rinse hands under a stream of running water until all soap is gone.		
2.9. Dry hands with a clean single use towel		
2.10. If possible, turn tap with elbows, or with a paper towel after drying of the hands		

ANTESEPTIC HAND WASHING

Task/Skill	Trainer's Response	Trainee's Response
1. Getting Ready.		
1.2. Ensure the availability of: <ul style="list-style-type: none"> - Running water (preferably warm water) - Plain soap - Chlorhexidine gluconate 4% or betadine Clean single use towel 		
2. Antiseptic hand washing steps		
1.1. Wet hands and forearms till 2.5 cm below the elbow		
1.2. Use an antiseptic hand wash preparation (e.g. Chlorhexidine gluconate 4% or betadine)		
1.3. Apply the selected product to palm of one hand and rub hands and fingers together, covering all surfaces of hands and forearm till 2.5 cm below the elbow for at least 2 minutes		
1.4. Follow the manufacturer's recommendations on volume and duration of use of the antiseptic used		
1.5. Dry the hands using sterile towels before wearing sterile gloves		

SURGICAL HAND WASHING

Task/Skill	Trainer's Response	Trainee's Response
1.1. Remove all jewelry on hands and wrists		
1.2. Adjust water to a warm temperature and thoroughly hands and forearms to 5 cm above the elbows in order to remove dirt and transient flora.		
1.3. Clean under each fingernail and around the nail bed with a nail cleaner prior to performing the first surgical scrub of the day.		
1.4. Keep nails short and do not wear artificial nails or fingernail polish.		
1.5. Holding hands up above the level of the elbow,		
1.6. Apply antimicrobial agent to hands and forearms up to the elbows.		
1.7. Using a circular motion, begin at the fingertips of one hand and lather and wash between the fingers, continuing from fingertip to 5 cm above the elbow. Repeat this process for the other hand and arm. Continue rubbing for 3-5 minutes.		
1.8. Rinse each arms separately, fingertips first, holding hands above the level of the elbow.		
1.9. Using a sterile towel, dry the fingertips to 5 cm above the elbow. Use one side of the towel to dry the first hand and the other side of the towel to dry the second hand.		
1.10. Keep hands above the level of the waist and do not touch anything before putting on sterile gown and/or sterile gloves.		

Wear and Remove sterile gloves

Task/Skill	Trainer's Response	Trainee's Response
1. Getting Ready.		
1.1. Prepare a large, clean, dry area for opening the package of gloves.		
1.2. Perform surgical hand washing and ask someone to open the package of gloves		
2. Wearing gloves.		
2.1. Open the inner glove wrapper, exposing the cuffed gloves with the palms up		
2.2. Pick up the first glove by the cuff, touching only the inside portion of the cuff (the inside is the side that will be touching your skin when the glove is on)		
2.3. While holding the cuff in one hand, slip your other hand into the glove. (Pointing the fingers of the glove toward the floor will keep the fingers open). Be careful not to touch anything, and hold the gloves above your waist level		
2.4. Pick up the second glove by sliding the fingers of the gloved hand under the cuff of the second glove. Be careful not to contaminate the gloved hand with the ungloved hand		
2.5. Put the second glove on the ungloved hand by maintaining a steady pull through the cuff. Adjust the glove fingers and cuffs until the gloves fit comfortably		
3. Steps for removing surgical gloves		
3.1. Grasp on glove near the cuff and pull it partway off. The glove will turn inside out. Keep the first glove partially on before removing the second one to protect you from touching the outside of a glove with your bare hand.		
3.2. Leaving the first glove over your fingers, grasp the second glove near the cuff and pull it partway off. Keep the second glove partially on		
3.3. Pull off the two gloves at the same time, being careful to touch only the inside surface of the gloves with your bare hand and make sure not to result in splashes in the environment.		
3.4. Gloves are disposed immediately. Wash hands immediately after gloves are removed.		

SESSION PLANS

BLG 2. FP/RH/MCH CLINT'S INFORMATION, EDUCATION, COMMUNICATION, AND COUNSELING

COMPETENCY BASED TRAINING (CBT)

Objective:

1. Provide general counseling to patients/clients
2. Provide FP methods specific counseling to FP clients
3. Provide RH specific counseling to vulnerable clients and RH patients
4. Communicate properly with patients/clients

Teaching Method: Demonstration/re-demonstration by using BLG

- * The trainer gives instructions to trainees to follow his performance by using the BLG while he is inform, educate and communicate clients/patients with explanation of the procedures to participants
- * Trainer breaks up participants to groups each of two. One inform, educate and communicate a patient/client while the other evaluate his performance by using the BLG while the trainer watches the performance and record any mistakes, then they exchange their positions.*
- * Trainer reviews the BLGs of the participants, and gives them feedback about their performance.

Resources/Materials:

- * Basic Learning Guide for Patient/Client Counseling.
- * Data show OR Overhead Projector and screen.
- * Flipchart/Markers.

TRAINEE'S EVALUATION CHECKLIST FOR COMMUNICATING AND COUNSELING CLIENTS

* If the client flow is not sufficient, trainer can use role play in which one of the participants play the role of provider and the other play the role of client/patient

(To be used by trainers and trainees)

Rate the performance of each step or task observed using the following rating scale:

1. **Needs Improvement:** Step or task not performed correctly or out of Sequence or is omitted
2. **Competently Performed:** Step or task performed correctly in proper sequence but participant does not progress from step to Step efficiently
3. **Proficiently Performed:** Step or task efficiently and precisely performed in the proper sequence

Participant Name: - - - - -

Task/Skill	Trainer's Response	Trainee's Response
1. General counseling (GATHER)		
1.1. Provider G reet client		
1.2. Provider A sk client about her health and her FP needs		
1.3. Provider T ell client accurate information about all the FP options that are available in his facility		
1.4. Provider H elp client to reach an informed choice		
1.5. Provider E xplain to the chosen method		
1.6. Provider explain to the client the importance of, and the schedule for R eturn visits for follow-up and/or re-supply		
1.7. Counselor encourage men involvement		
2. Privacy		
2.1. Provider ensure privacy in the counseling area and examination area		
2.2. Provider assure client that her information will be treated with complete respect and security		

Task/Skill	Trainer's Response	Trainee's Response
3. Communication Skills		
3.1. Using IE&C Materials and Samples		
3.2. Proper verbal Communication		
3.3. Proper Non-verbal communication		
3.4. Asking open ended questions		
3.5. Listening		
3.6. Getting feedback		
4. Client History		
4.1. Personal History		
4.2. Family History		
4.3. Family Planning History		
5. Informed Choice		
5.1. Information about the cafeteria of FP methods were discussed with the client		
5.2. Client reached an informed choice		
6. Method Specific counseling		
6.1. Information about the selected method was given to client before leaving the clinic		
6.2. The Brochure related to the selected method was given to client		
7. RH Counseling (as appropriate)		
7.1. RH/MCH Messages were disseminated to vulnerable clients (as needed)		

SESSION PLANS

BLG 3. CLIENT'S/PATIENT'S CLINICAL ASSESSMENT

COMPETENCY BASED TRAINING (CBT)

Objective:

1. Perform patient's/client's clinical assessment for FP/RH/MCH clients or patients following the Integrated National Standards of Practice

Teaching Method: Demonstration/re-demonstration

- * The trainer gives instructions to trainees to follow his performance by using the BLG while he performs clinical assessment to clients/patients.
- * Trainer examine FP/RH client or patient with explanation to participants
- * Trainer breaks up participants to groups each of two. One performs clinical assessment to client/patient while the other evaluate his performance by using the BLG while the trainer watches the performance and record any mistakes, then they exchange their positions.
- * The trainer stops the participants if he observes a step done in a way that can harm a patient/client.
- * Trainer reviews the BLGs of the participants, and gives them feedback about their performance.

Resources/Materials:

- * Basic Learning Guide for Clients/Patients Clinical Assessment
- * Basic equipments for clinical assessment.
- * Data show OR Overhead Projector and screen.
- * Flipchart/Markers.

EVALUATION CHECKLIST FOR CLIENT'S/PATIENT'S CLINICAL ASSESSMENT

(To be used by trainers and trainees)

Rate the performance of each step or task observed using the following rating scale:

1. ***Needs Improvement:*** Step or task not performed correctly or out of Sequence or is omitted
2. ***Competently Performed:*** Step or task performed correctly in proper sequence but participant does not progress from step to Step efficiently
3. ***Proficiently Performed:*** Step or task efficiently and precisely performed in the proper sequence

Participant Name: - - - - -

Task/Skill	Trainer's Response	Trainee's Response
1. Getting Ready.		
2. Pre-Examination tasks.		
2.1. Create client/patient file for new clients/patients or retrieve the file for return patient/client		
2.2. Identifying information complete		
2.3. Demographic information complete		
2.4. History taking * Past history * Obstetric history * Menstrual history * Family History		
2.5. General Counseling and health education as appropriate		

Task/Skill	Trainer's Response	Trainee's Response
3. Risk Factors Assessment		
3.1. Assess risk factors for breast cancer		
3.2. Assess risk factors for cervical malignancy		
3.3. Assess risk factors for reproductive tract infections.		
4. Medical Examination		
4.1. General Examination		
4.2. Chest and Heart Examination		
4.3. Abdominal Examination		
4.4. Pelvic Examination		
4.5. Vaginal Examination		
4.5.1. Bimanual examination		
4.5.2. Speculum visualization		
5. Infection prevention measures.		
6. Investigations (if indicated as follow:		
6.1. Wet prep if RTI is suspected		
6.2. Urine analysis for ANC Clients		
6.3. Hemoglobin for ANC Clients		
6.4. Pap smear fixation and referral (for suspicious patients or clients)		

SESSION PLANS

BLG 4. INSERTION AND REMOVAL OF IUDs

COMPETENCY BASED TRAINING (CBT)

Objective:

1. Insert or remove IUDs according to the Integrated National Standards of Practice

Teaching Method: Demonstration/re-demonstration

- * The trainer gives instructions to trainees to follow his performance by using the following BLGs while he is inserting or removing IUDs: -
 - i. Infection Prevention
 - ii. Client/Patient Information, Education, and Communication
 - iii. Client's/Patient's Clinical Assessment
 - iv. IUD Insertion/Removal
- * Trainer counsel and then examine FP client with instructions to participants to follow-up his performance by using the BLG for counseling and clinical assessment.
- * Trainer breaks up participants to groups each of two. One counsel, and clinically assess FP client, prior to insertion or removal of an IUD with instructions to his colleague to follow-up and evaluate his performance by using the BLGs while the trainer watches the performance and record any mistakes, then they exchange their positions.
- * The trainer stops the participants if he observes a step done in a way that can harm a patient/client.
- * Trainer reviews the BLGs of the participants, and gives them feedback about their performance.

Resources/Materials:

- * Basic Learning Guide for Infection Prevention, Patient/Client Information, Education, and Communication, Patient/Client Clinical Assessment, and IUDs Insertion or Removal.
- * Basic equipments for IUDs insertion or removal.
- * Infection prevention resources
- * Cu T 380 IUDs
- * Data show OR Overhead Projector and screen.
- * Flipchart/Markers.

EVALUATION CHECKLIST FOR INTRA UTERINE DEVICE (IUD) INSERTION

(To be used by trainers and trainees)

Rate the performance of each step or task observed using the following rating scale:

1. **Needs Improvement:** Step or task not performed correctly or out of Sequence or is omitted
2. **Competently Performed:** Step or task performed correctly in proper sequence but participant does not progress from step to Step efficiently
3. **Proficiently Performed:** Step or task efficiently and precisely performed in the proper sequence

Participant Name: - - - - -

Task/Skill	Trainer's Response	Trainee's Response
1. Pre-Insertion Tasks		
1.1. General counseling measures (GATHER)		
1.2. Clients reach an informed choice.		
1.3. Pregnancy was excluded		
1.4. General medical examination		
1.5. Abdominal examination		
1.6. Pelvic examination		
1.7. Bimanual examination		
1.8. Speculum visualization of the vagina and cervix		
1.9. Medical Eligibility Criteria for using IUD was dealt with the clients		

Task/Skill	Trainer's Response	Trainee's Response
2. IUD Insertion		
1.1. Have client empty bladder and assume dorsal position.		
1.2. Use a pair of clean disinfected gloves (disposable).		
1.3. Perform bimanual examination and confirm size, shape and position of uterus.		
1.4. Conduct a speculum examination and assess cervix.		
1.5. Clean cervix thoroughly with antiseptic solution, i.e. Betadine.		
1.6. Grasp cervix with tenaculum.		
1.7. Sound uterus to confirm size and position without touching the vaginal wall or specula with the sound.		
1.8. Use non-touch technique while loading IUD		
1.9. Grasp tenaculum and gently insert IUD through cervix into uterus.		
1.10. Holding the plunger stationary, withdraw inserter tube until it touches white rod thumb grip		
1.11. Holding tenaculum stationary, again push the inserter tube upwards to the fundus of the uterus until a slight resistance is felt		
1.12. Remove plunger and the remove inserter tube.		
1.13. Cut string 3-4 cm from cervical os.		

Task/Skill	Trainer's Response	Trainee's Response
3. Post insertion tasks:		
3.1. Give IUD method specific counseling to clients		
3.2. Instruct client how to check for strings		
3.3. Invite and answer questions.		
3.4. Give final instructions including warning signs		
3.5. Instruct regarding follow-up visits.		
3.6. Client medical record updated		

EVALUATION CHECKLIST FOR INTRA UTERINE DEVICE (IUD) REMOVAL

(To be used by trainers and trainees)

Rate the performance of each step or task observed using the following rating scale:

1. **Needs Improvement:** Step or task not performed correctly or out of Sequence or is omitted
2. **Competently Performed:** Step or task performed correctly in proper sequence but participant does not progress from step to Step efficiently
3. **Proficiently Performed:** Step or task efficiently and precisely performed in the proper sequence

Participant Name: - - - - -

Task/Skill	Trainer's Response	Trainee's Response
1. Pre-Removal Tasks		
1.1.Counsel client that there is no need for rest period after removal of IUD		
1.2.Counsel client about re-use of IUD or another FP method		
2. Removal Tasks		
2.1 Discuss the removal with the client and obtain consent.		
2.2 Perform a bimanual examination.		
2.3 Determine direction of the uterus and cervix.		
2.4 Perform a speculum examination.		
2.5 View cervix and locate IUD string.		
2.6 Grasp the anterior lip of the cervix with a volsellum.		
2.7 Grasp string with Kocher or artery forceps		
2.8 Pull string steadily and gently with forceps, steady the cervix with the volsellum until IUD is removed.		
3. Update the medical record:		